

Exhibitor Terms

Consistent with Autism New Jersey's Position Statement on Treatment Recommendations, the agency will not accept exhibitors who promote Auditory Integration Training and other types of listening programs, Facilitated Communication, Psychoanalysis, Secretin and any other intervention the agency deems unacceptable. Visit www.autismnj.org for Autism New Jersey's Position Statement on Treatment Recommendations.

**Deadline for submission:
September 20, 2010**

Exhibit Hours

Friday 8:00 am – 5:45 pm
Saturday 8:00 am – 2:00 pm

Exhibitor Terms

- Autism New Jersey reserves the right to determine eligibility of any organization as an exhibitor. Applications for exhibit space will be reviewed and if accepted, the primary representative will be contacted within 15 business days of receipt of completed application.
- Fee for **one space** includes a conference registration for one person for Friday, October 8 and Saturday, October 9, 2010. "Exhibit-only" badges are available for exhibitors who need additional representatives at their booth. A limit of two "exhibit-only" badges per booth space are available at no cost. Additional "exhibit-only" badges can be purchased for a \$25.00 fee per badge. Attendees with "exhibit-only" badges will **not** be permitted access to workshops, keynote address or continuing education credits.
- Each **additional** space purchased includes a conference registration for one person for Friday, October 8 and Saturday, October 9, 2010.
- Eligible exhibit registration fee includes a link to your website on Autism New Jersey's website through the date of the 2010 Conference.
- Every exhibit is exposed to the flow of attendee traffic!
- Vendors and agencies must set up and dismantle their own exhibits. **Dismantling** may not begin until 2:00 pm on Saturday, October 9. Exhibitors who break down early will not be invited back the following year.
- The **standard booth equipment** as furnished by Autism New Jersey will consist of one 10' x 10' booth with a standard 8' draped back wall and two 3' draped side rails, one 6' draped table, carpeting and two chairs. Additional draping, furniture, accessories, signs, electrical outlets, A/V equipment, internet access, etc. are the financial responsibility of the exhibitor and must be ordered through AEX Convention Services. An order form for additional services will be sent to the primary representative one month prior to the conference.
- Additional 6' tables can be ordered through AEX convention services at a discounted price. Purchasing an additional table does not include registration for any additional representative.
- Overnight storage is available for exhibitors through AEX Convention Services. All goods are stored at your own risk. Autism New Jersey shall not be liable for any injury, damage, loss, theft or destruction.
- Detailed information, including instructions and fees for advanced shipping, unloading and loading, and order forms for electricity and internet access will be mailed to the primary exhibitor representative approximately one month prior to the event.
- No exhibitor shall sublet, assign or share any part of the space allocated to him/her without the written consent of Autism New Jersey.
- Solicitations or demonstrations by exhibitors must be confined within the 10' x 10' boundary of their respective booths. Exhibits shall be constructed and arranged so that they do not obstruct the general view, or hide the exhibits of others. No signs, display units or chairs are permitted beyond the 10' x 10' booth space.
- It is the responsibility of the exhibitor to see that all of his/her materials are delivered to and removed from the exhibit area by the specified deadlines. More specific instructions on advanced shipping (cost incurred by exhibitor) and setting up and breaking down will be sent to the primary representative ahead of time.
- Autism New Jersey reserves the right to restrict exhibits, which, because of noise, method of operation, materials or any other reason, become objectionable, and prohibit or evict any exhibit, which, in the opinion of Autism New Jersey, may detract from the general character of the Conference as a whole. In the event of such restriction or eviction, Autism New Jersey is not liable for any refund or other exhibit expenses.

Cancellation Policy

All sums paid by the exhibitor will be refunded if written notice of cancellation is received prior to September 4, 2010. Cancellation after September 4, 2010 obligates the exhibitor to pay full rental costs.

Liability

Exhibitors shall assume full responsibility for the protection of their property. It is recommended that exhibitors take precautionary measures of their own, such as the securing of small or easily portable articles of value and the removal of them to a place for safe-keeping after exhibit hours. Neither Autism New Jersey nor the Atlantic City Convention Center maintains insurance coverage for the exhibitor's property. It is the exhibitor's responsibility to obtain such insurance.

Research Studies

Exhibitors interested in distributing information to recruit participants for research studies may not do so without prior approval. To seek approval, please e-mail a brief description of the study, the intended participants and anticipated results as well as the status of the study's Institutional Review Board approval to Clinical Director, Suzanne Buchanan, Psy.D., BCBA, at sbuchanan@autismnj.org.

Exhibitor Options

Vendor	\$800
Nonprofit (must have 501 (c)(3) status)	\$600
Autism New Jersey agency member	\$450
Corner Space (limited availability) extra	\$50
Fee for additional space(s)	
Vendor	\$400
Nonprofit (must have 501 (c)(3) status)	\$300
Autism New Jersey agency member	\$250

Not a member, but want to take advantage of the Autism New Jersey agency member rate? Membership applications for agency (\$500) or corporate (\$750) are available at www.autismnj.org. Membership applications are available to download, or use our online application for your convenience. If you are mailing a hard copy of the membership form, please enclose a separate check.

Interested in advertising to enhance your exhibit package? For more information regarding advertising/exhibiting packages, see page 26, contact Jessica Alloway at jalloway@autismnj.org or call 609.588.8200, extension 25.

Exhibitor Application

The conference program listing for exhibitors will be based on the following information. Only list organizational information. If you must list personal information (home address, cell phone number, etc.) clearly note if you do not want this information published.

Deadline for submission: September 20, 2010 (Refunds will not be considered for any application received after the submission deadline. Applications received after September 20, 2010 may not be eligible for inclusion in the Conference Program.)

Deadline for submission: September 20, 2010

Exhibitor Options – check all that apply

<input type="checkbox"/> Vendor	\$800	Fee for additional space(s)	
<input type="checkbox"/> Nonprofit (must have 501 (c)(3) status)	\$600	<input type="checkbox"/> Vendor	\$400
<input type="checkbox"/> Autism New Jersey agency member	\$450	<input type="checkbox"/> Nonprofit (must have 501 (c)(3) status)	\$300
<input type="checkbox"/> Corner Space (extra)	\$50	<input type="checkbox"/> Autism New Jersey agency member	\$250
<input type="checkbox"/> "Exhibit-only" Badge	\$25		
Quantity (two at no charge)	_____		

Exhibitor Information

Organization name _____

Type of service or product _____

Organizational contact _____

Attending representative if different from organizational contact. _____ Title _____

Street address _____

City _____ State _____ Zip _____
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Telephone _____ Fax _____

Your individual E-mail _____

Website _____ General agency E-mail _____

If you are applying as an Agency Member, include your Agency Membership # _____
(Membership # is located on the address label of your most recent issue of our agency newsletter, *The Beacon*.)

Payment Information

Check # _____ Money Order # _____ Purchase Order # _____

Credit card Visa MasterCard American Express Discover Expiration Date _____

Card number _____ Name on card _____

Signature (required for credit card) _____

Agreements

I attest that I do not provide nor promote Auditory Integration Training and other types of listening programs, Facilitated Communication, Psychoanalysis and Secretin in any manner, including, but not limited to, promotional and educational materials, videos and communication of any kind.

Terms: A duly authorized agent of the exhibitor must sign the application for exhibit space. Such signature will reflect full reading and comprehension of all specified terms. The undersigned agrees to the conditions, rules and regulations set forth in the Autism New Jersey Exhibit Terms:

Printed name of primary representative _____

Signature _____ Date _____

Return Application Mail this page with form of payment (credit card, money order or check made out to Autism New Jersey) to Barbara Wells, Autism New Jersey, PO Box 55120, Trenton, NJ 08638.

Questions? Contact Barbara Wells at 609.588.8200, extension 45, or e-mail bwells@autismnj.org.